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Bib Data Sheet

CONFIRMATION NO. 4341

|                             |                                   |              |                        |                                      |
|-----------------------------|-----------------------------------|--------------|------------------------|--------------------------------------|
| SERIAL NUMBER<br>09/769,199 | FILING DATE<br>01/24/2001<br>RULE | CLASS<br>707 | GROUP ART UNIT<br>2122 | ATTORNEY<br>DOCKET NO.<br>MS163086.1 |
|-----------------------------|-----------------------------------|--------------|------------------------|--------------------------------------|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE

GRANTED \*\* 03/05/2001

|                                 |  |                        |                         |                    |                         |
|---------------------------------|--|------------------------|-------------------------|--------------------|-------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no                          | STATE OR COUNTRY<br>WA | SHEETS<br>DRAWING<br>12 | TOTAL CLAIMS<br>46 | INDEPENDENT CLAIMS<br>9 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> | Met after<br>Allowance |                         |                    |                         |
| Verified and Acknowledged       |           | Examiner's Signature   | Initials                |                    |                         |

## ADDRESS

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## TITLE

Consumer network diagnostic agent

|                             |   |  |
|-----------------------------|---|--|
| FILING FEE RECEIVED<br>1658 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
|                             |   | <input type="checkbox"/> 1.16 Fees ( Filing )                  |
|                             |   | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
|                             |   | <input type="checkbox"/> 1.18 Fees ( Issue )                   |
|                             |   | <input type="checkbox"/> Other _____                           |
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